

Name: _____ Client ID: _____



Discharge Form

Date of Discharge: ____/____/____

Provider Name: _____

RSC/CMASS Agency: _____

Provider ID: _____ Site: _____

Date RSC/CMASS Informed: ____/____/____

Closing Reason:

- | | |
|---|--|
| <input type="checkbox"/> 1. Completed Service/ Treatment | <input type="checkbox"/> 6. Incarcerated for New Offense |
| <input type="checkbox"/> 1A. No more services needed | <input type="checkbox"/> 7. Death |
| <input type="checkbox"/> 1B. Maximum benefit obtained | <input type="checkbox"/> 8. Transfer/Referral-AODA Program |
| <input type="checkbox"/> 2. Referred-Non-Alcohol/Drug Program | <input type="checkbox"/> 8A. Same provider, new Level of Care |
| <input type="checkbox"/> 3. Terminated-Rule Violation | <input type="checkbox"/> 8B. Same provider, new funding source |
| (Please describe in "Explanation" below) | <input type="checkbox"/> 9. Unable to Locate Client |
| <input type="checkbox"/> 4. Withdrew Against Staff Advice | <input type="checkbox"/> 10. Transfer to Another Provider |
| <input type="checkbox"/> 5. Funding/Authorization Expired | <input type="checkbox"/> 10A. New provider, same Level of Care |
| <input type="checkbox"/> 5A. SAR for continuation denied | <input type="checkbox"/> 10B. New provider, new Level of Care |
| <input type="checkbox"/> 5B. System-wide funding limitation | <input type="checkbox"/> 11. Incarcerated for Old Offense |

Recommended next LOC (optional): _____

Explanation (if needed): _____

Level of Improvement:

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Major Improvement | <input type="checkbox"/> Worsened |
| <input type="checkbox"/> Moderate Improvement | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Unchanged | |

Best Ways to Contact: *If there is a need to locate the client, what is the best contact information? If the best person to contact is not the client, please include name and relationship. (Note: When entering in CMHC, you will be taken to the Client Contact Information page after you "save" the Discharge.)*

☐ Client ☐ Other - Name: _____ Relationship: _____

Address: _____

Phone: _____ Second Phone: _____

Additional Note? _____

Date that contact information above was current: ____/____/____